



UNICEF Thailand

**TERMS OF REFERENCE
FOR SITUATIONAL ANALYSIS OF ADOLESCENT PREGNANCY**

1. Nature of Consultancy: Situational analysis of adolescent / teenage pregnancy and parenthood, including impact on children born to adolescent parents in Thailand.

2. Purpose of Assignment: This TOR has been prepared to hire the services of an institution to conduct a situational analysis of adolescent pregnancy and parenthood, as well as impact on children born to adolescent in Thailand. Findings from the situational analysis will be used by the Thailand Country Office to develop strategic recommendations to address high rates of adolescent pregnancy, early and unplanned childbearing, and care for children born to adolescent parents in Thailand. The analysis will inform future policy advocacy, programming, and communication efforts by feeding key findings into structured discussions before and during the Mid-term Review which is scheduled for 2014.

It is expected that information from the situational analysis will be used to better inform policy makers of the specific magnitude of adolescent pregnancy and parenthood, provide the basis for advocating for specific policy changes in reproductive health and social policy as well as rights of pregnant adolescents, young mothers and fathers, and children born to young parents (wed or unwed), support behaviour change initiatives, and advocate for changes in sexuality education / curriculum.

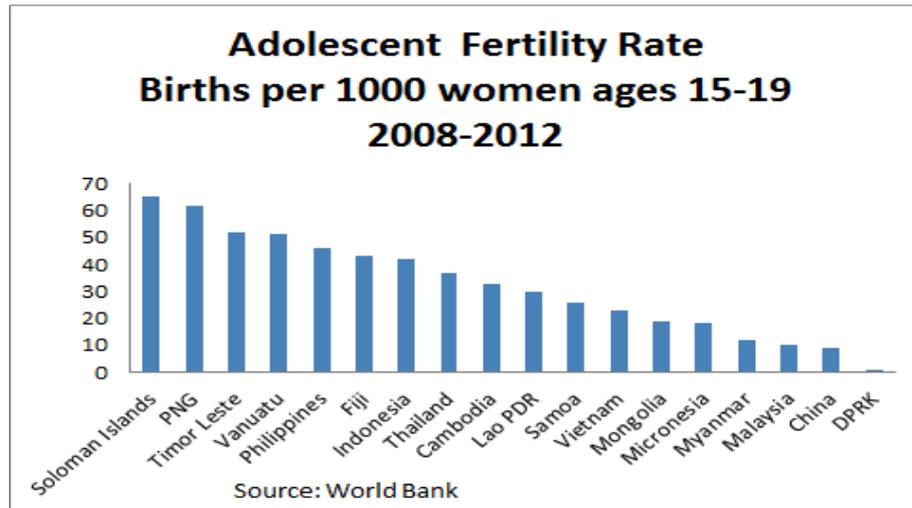
The situational analysis will document current trends in adolescent pregnancy / parenthood, summarize key laws and policies impacting adolescent pregnancy in Thailand, identify key drivers of vulnerability for prevention and care seeking; map potential partners, and identify best practices (e.g. pregnancy prevention, interventions, and linkages to care and services) and entry points for a cross-sectoral approach.

3. Situational background: Thailand is home to approximately 10.2 million adolescents, or about 15% of the total population. Thailand's birth rate per 1,000 females aged 15-19 is 43¹ placing it at second highest among countries in East Asia and the Pacific after Lao PDR. The rate has also risen rapidly (by 43%) between 2001 and 2011 according to Thai Public Health reports.² In 2010, according to an article in the Journal of the Medical Association of Thailand, there were an estimated 80,000 adolescent pregnancies (approximately 200 adolescent deliveries daily) and reportedly 14.4% of these pregnancies resulted in illegal abortions.³

¹ UNICEF, Progress for Children: A Report Card on Adolescents. 2012.

² Reuters News Report citing Bureau of Reproductive Health, Ministry of Public Health. <http://news.yahoo.com/thailand-struggles-curb-high-teen-pregnancy-rate-045312739.html>. Accessed March 27, 2013.

³ Aremit R et al. Adolescent Pregnancy: Thailand's National Agenda. Journal of the Medical Association of Thailand. July 2012. Pages 34 – 42.



Teen-age pregnancy has health risks for both mother and her baby and thus has implications for maternal mortality (high blood pressure resulting from pregnancy, uterine infection, unsafe abortion and malaria) and neonatal mortality (higher rate of pre-term births and low birth weight). Adolescents aged less than 16 years face four times the risk of maternal death than women aged in their 20s, and the death rate of their neonates is about 50% higher.⁴ In Thailand in 2008, pregnancy-related causes were by far the single most important reason for hospitalization (23.7%) among children 13-18 years of age.⁵

Several factors may contribute to unwanted and/or unplanned pregnancies among adolescents. These include pressure to marry and bear children early (19.6% child marriage rate), few economic opportunities, lack of access to condoms and other contraceptives or inability to refuse unwanted sex. In addition, girls who become pregnant from consensual sex are unable to legally terminate the pregnancy and may resort to unsafe abortion. Vulnerability of adolescent girls is also an issue related to poverty. Risk of adolescent pregnancy is higher among girls from poor socio-economic backgrounds which may be due to inability to access information and services, cultural expectations, stereotypical gender norms, poor quality of education, or other reasons. Preventing unintended pregnancies among adolescent women would greatly reduce the number of maternal and new-born deaths and disability adjusted life years (DALYs, which measure the loss of healthy years of life due to disability and premature deaths) lost among this age group, as it would for all women of reproductive age.

Educational attainment and economic potential is truncated for young mothers. Adolescent pregnancy limits prospects of the adolescent girl to reach her education and career goals. Reducing unintended pregnancies would improve educational and employment opportunities for young

⁴ World Health Organization. WHO Guidelines on Prevention Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries. Geneva. 2011.

⁵ Somsak Lolekha, MD, PhD. President, Pediatric Society of Thailand, 2008. Note: this rate includes hospitalization for normal deliveries as well as pregnancy related complications or complications from attempts to terminate the pregnancy.

women overall, lead to greater family savings, and spur reductions in poverty and increases in economic growth.

Addressing adolescent pregnancy makes economic sense. Data for seven Caribbean countries show that the cost of preventing an adolescent pregnancy is \$17 per year, while the savings that result total approximately \$235 per year in financial (direct expenditure) and economic (opportunity) costs. These estimates do not include the costs of lost human capital development and lost income for adolescent mothers and their children.⁶ Information from nine countries in the Pacific Region, also document various psychosocial costs, in addition to health and socio-economic costs. These include stigma, rejection, alienation, domestic violence, school dropout, and poor employment prospects.⁷

The impact of adolescent pregnancies is generally measured in relation to the girls who get pregnant. Very limited information is available on the behavioural role of boys, analysis regarding perceptions of masculinity and identity, levels of boys' perceived responsibility for the pregnancy and parenthood, and impact on boys in psychosocial or economic domains. Similarly, information is sparse regarding the impact on infants born in Thailand to single parents, or parents who did not plan to become so at that particular point in time. It is important to study the behaviours and impact on boys and men and include them as part of an effective strategy to address the issue.

UNICEF and UNFPA's publications on Adolescents; the Lancet series on adolescent health and WHO guidelines on preventing adolescent pregnancy among others have highlighted the importance of the issue and the need for a multi-sectoral approach to effectively address it.

4. Situational Analysis Areas of Coverage and Objectives

The situational analysis will address the following major areas related to adolescent pregnancy, care and support of pregnant adolescents and adolescent parents, and care and support for children born to adolescent parents:

A. Situational overview:

- 1.** What are the factors contributing to adolescent pregnancy and adolescent parenthood? What are the levels of awareness of consequences of adolescent pregnancy / parenthood? What are the levels of reproductive health knowledge and what are the most common sources of this information? How do cultural and societal factors impact the availability and quality of this information? What are the economic, legal, and social factors that make some young girls particularly vulnerable to unintended or unwanted pregnancies? What are the different reasons for unsafe sex (e.g. lack of desire to use condoms or other contraceptives, lack of access due to cost or availability, lack of contraceptives at time of sex,)? What roles do rape and coercion play in adolescent pregnancies? What cultural factors enter into the equation? How does disability (cognitive or physical) factor in either increasing risk or

⁶ UNFPA. Girls Today and Tomorrow: Breaking the cycle of adolescent pregnancy

⁷ Pacific Adolescent Health and Development. "Teenage Pregnancy". Accessed on July 8, 2013 at http://www.spc.int/ahd/index.php?option=com_content&view=article&id=96:brochure-teenage&catid=51:asrh-information&Itemid=72.

impacting parenting options? What factors appear to be protective and increase the likelihood of positive reproductive health behaviours/outcomes among young populations? What types of birth control are most commonly used? How do the above differ between boys and girls? What are some prevalent cultural notions of gender identity? Of “masculine” and “feminine” identities? How do levels of perceived responsibility differ between boys and girls, both for the pregnancy as well as for parenting if the foetus is carried to term?

2. What are the estimated numbers of adolescent pregnancies? Births to adolescent parents? What proportion of all pregnancies is to adolescent parents? What are the legal age limits for consensual sex, marriage, etc.? What proportion of pregnancies is planned vs. unplanned? How do these differ by age, province, income level, educational attainment, residence (rural-urban) or other known variables? What proportion of pregnancies is not brought to term?
3. What are the known complications from adolescent pregnancy in Thailand? To the mother? To the infant? What are the known rates and causes of hospitalization directly related to these pregnancies or deliveries? What are the rates of child marriage? What sources of support exist/do not exist? For example, do they live away from their families?
4. What are some common sources of information for adolescents in Thailand? Peers? Movies? Popular literature? Older family members? Health services? Schools?
5. How have children and young people been affected (financially, psychosocially, discrimination, education, health and nutrition)?
 - a. Adolescent girls falling pregnant
 - b. Adolescent mothers
 - c. Partners of adolescent mothers (male parent)
 - d. Children of adolescent parents

Data sources: Review of legal and policy documents, modelling estimates, data analysis from existing data sources including MICS IV, review of existing studies, focus group discussions and/or surveys with populations practicing behaviours that place them at risk of unplanned / unwanted pregnancies (boys and girls), key informant interviews with affected populations and service providers.

B. Response/Coverage/impact: What policies and/or programmes are in place to reduce the number of unintended pregnancies? What services (health and social support) are provided to young women experiencing unwanted or unplanned pregnancies during pregnancy and after delivery? What are their levels of coverage? What kinds of organizations or institutions are providing them? What types of services and/or support are available for adolescent fathers? What government commitments exist (policies and strategies) to address teen-age pregnancies for in-school and out of school girls? What is the level and quality of life skills/sex education provided in schools? Are they presented differently or in different forums to boys and girls? What is the level of access to contraceptives and what barriers exist to their access? What is the coverage of adolescent friendly health services and does this coverage vary by geographical area? What are current models of successful interventions including campaigns against early marriage? What barriers (real or

perceived) exist to accessing these services? Are there different levels of access according to ethnic background or nationality?

Data sources: Document review, structured key informant interviews including among various providers of services (government, NGOs, CBOs), surveys.

C. Effectiveness: What are the mechanisms of coordination between government and non-governmental organizations in addressing adolescent pregnancy prevention and care for adolescent parents and their children? What additional funding or capacity building is necessary to ensure a more effective response?

Data sources: Document review, structured key informant interviews

D. Monitoring Systems: Are monitoring systems in place (or needed) specific to the affected populations? How frequently are data collected? With what frequency? What are the key relevant indicators? Are they sufficient? Do they capture information relevant to both adolescent boys and girls? What methods are in place for analysis of administrative data and information from surveys? Are data being used to guide program design and improve performance of services? Is the information available sufficiently representative for national, regional, and local level analysis?

Data sources: Structured key informant interviews, administrative data sets, survey data.

E. Relevance: How relevant are services currently being provided to the self-perceived needs of specific groups of young people at higher risk of unplanned / unwanted pregnancies? What data is available demonstrating use of these services by young women? What barriers are perceived by young people to their accessing available services including contraceptives and reproductive health care appropriate to their needs? Is there any evidence of youth participation in the design, implementation, or evaluation of programs?

Data sources: Focus group discussions and surveys

F. Rights-based approaches to programming and gender equality: How adequately does current programming address gender equality, stigma sensitivity and equality of access for young pregnant women, adolescent parents and their children?

Data sources: Focus group discussions and document review

5. Work Assignments:

A. Initial document review: Review and summarize existing literature from various ministries and concerned organizations on adolescent pregnancy prevention, as well as care and support for adolescent parents (particularly those with unplanned pregnancies). Conduct a mapping of existing and potential players in the area of adolescent pregnancy prevention and care for adolescent parents and their children.

B. Scoping/reviewability mission: A scoping mission and reviewability assessment will be undertaken by the selected contractor which will include detailed planning for the situation analysis and field data collection methodology, and instrument development. This will feed into an inception report which will be reviewed by UNICEF and approved prior to initiation of further data collection. The inception report is expected to include:

- Background and reasons for review
- Description of situation analysis objectives (specific tasks and core questions)
- Description of data constraints and opportunities (e.g. what data may be available and what might not, and what reasonable conclusions can be expected to be derived from the data collected).
- Description of how ethical issues will be addressed.
- Proposed investigation matrix including the proposed approach to the review (e.g. data collection methods, sources, sampling approach, etc.).
- Organization and management of the review team (team lead and composition, reference group, etc.)
- Work plan and associated timetable

C. Situational Analysis: The situation analysis will be based mainly on secondary data sources (e.g. document review, modelling estimates, data analysis) but will also involve some primary data collection (e.g. surveys, structured key informant interviews, focus group discussions). The exact extent of each type of data collection method to be applied, and for which questions, will be determined and planned as part of the scoping/reviewability mission. Primary data collection will take place in 3-5 provinces identified by the applicant. They will be chosen based on higher levels of unplanned / unwanted pregnancies and/or proportion of births to adolescent parents. Best practices identified in other parts of the country outside of areas from where primary data is being collected should also be documented.

Mixed methods will be employed during primary data collection and will include key informant interviews (national, provincial, local, civil society), structured interviews and focus group discussions with young affected adolescent parents and children (including women who were pregnant and/or became adolescent mothers in the past and also current parents of adolescent girls), and rapid surveys (if necessary). Information will be collected on the magnitude of the issue, drivers of vulnerability, protective options, services offered, management and coordination mechanisms, monitoring and oversight, and perceived or documented impact. Field-level data collection and any surveys will also entail use of appropriate sampling and statistical methods to ensure validity of data. The Lead Investigator will be charged with providing training to the data collection team to ensure attention to the study protocol and understanding of the data collection tools, as well as reinforcing the importance of respecting ethical considerations.

*In the course of data collection **patient confidentiality and adherence to human rights principles should be observed.** No respondent identifying information should be collected, recorded, or presented. Informants should be made aware of this before any round of data collection. Basic consent forms should be filled out with any informants. Referrals should be provided to appropriate services if requested or based on disclosures by respondents.*

D. Develop a set of policy and programmatic recommendations. The consultation will propose a set of recommendations around reducing adolescent pregnancy and providing better care to adolescent and teenage parents and their children. The recommendations will be discussed at a national consultation. Recommendations at a minimum should address:

1. Prevention strategies - that target boys and girls at a younger age – before they leave school, before they get married, and before sexual debut.
2. Improving access to support services (including psycho social and medical) for pregnant adolescents, adolescent mothers, and their partners through a comprehensive policy framework allowing seamless referrals and tracking
3. Addressing specific sexual and reproductive health needs of married and unmarried adolescent girls and boys, and to provide improved health services for them safeguarding their privacy, confidentiality and specific limitations/needs.
4. Strategies for keeping affected boys and girls in school.
5. Building life skills and providing access to sexual and reproductive health issues including awareness and services about preventing pregnancy and HIV.
6. Ensuring adolescent participation in conceptualizing policy and programming options to address and prevent adolescent pregnancy.
7. Identifying and including vulnerabilities related to adolescent girls and boys affected by pregnancy or parenthood in social protection policies
8. Mechanisms for local and national monitoring and accountability.

E. Report. A draft report in English of approximately 30 pages plus annexes for review by UNICEF. Following receipt of comments, a final report will be generated by the institution. The final report should include:

- Executive Summary;
- Detailed description of methodology, including an outline of the process of the situational analysis study in the Annexes;
- Analysis of data that address each of the key study questions and which are grouped under the specified headings (e.g. Situational overview, Coverage/impact, Effectiveness, Relevance, Rights-based Approaches to Programming and Gender Equality);
- Recommendations on policy and programming
- Conclusions;
- Annexes: To include among others, the study framework; work schedule; tools; list of places visited; records of interviews and focus group discussions.

F. Organization of National Consultation and Presentation of Findings: The institution will work with UNICEF to plan and organize a national consultation at which key findings will be presented to stakeholders and discussed. As part of the preparation, a short brief summarizing key findings and recommendations will be developed by the institution. Costs for the consultation will be covered by UNICEF and not be part of the contract for the consultant selected to conduct the situational analysis.

G. Submit all final products and data files to UNICEF

6. Work Schedule:

Month 1: Desk review, discussions with stakeholders and Cos and scoping exercise

Month 2-3: Inception report developed and reviewed by UNICEF

Month 4-10: Data collection and analysis

Month 11: Preparation of draft report and submission to UNICEF for review and comment;
organization of national consultation.

Month 12: Submission of finalized products with synthesized report translated into Thai language.

7. End Product(s):

- Literature review
 - Situation analysis report in English and Thai suitable for distribution to Government stakeholders, having interactive links for references and show-casing best examples and approaches.
 - Programmable recommendations for consideration by Thailand Country Office during mid-term review.
 - Presentation, with PowerPoint slides summarizing key aspects of the national assessment, at a national consultation involving key stakeholders.
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8. Estimated Duration of Contract: Total duration of the contract is expected to be 12 months (part time).

9. Official Travel Involved: Travel to 3-5 provinces plus travel in Bangkok X 2 for scoping exercise and subsequent data collection.

10. Estimated Cost of Contract: to be proposed. This should include the total cost of professional fees excluding the national consultation, travel-related expenses, DSA, miscellaneous, etc.

11. Payment Schedule:

Date	Output Expected	Payment
Month 1	Literature review	10%
Month 3	Inception report	25%*
Month 10	First draft of report	50 %
Month 12	Final report and presentation to stakeholders	15%

* The above is a tentatively proposed payment schedule. Please submit proposed payment scheme if additional funds are required to cover upcoming data collection related costs.

12. Qualifications or Specialized Knowledge/Experience Required: Indicate qualifications requirement.

The ideal candidate institution (individual consultant applications will not be accepted) would have:

- A research team (composed of senior team members with both international and domestic experience).
- excellent research methodology and analytical skills.
- a good track record and extensive experience in conducting and managing studies/assessments/evaluations, and preferably in SE Asia;
- understanding of concepts of teenage pregnancy and social support systems;
- firm understanding of the human and child rights-based approaches to programming, including gender and equity considerations;
- expertise in qualitative and quantitative methods of evaluation and research, including rapid appraisal methods;
- expertise in data collection, management, and analysis;
- knowledge of evaluation norms, standards, and approaches (particularly UNEG norms and standards);
- proven communication, facilitation, and writing skills;
- fluency in spoken and written Thai language among data collectors (primary and secondary);
- excellent knowledge of English and Thai (oral and in writing); and
- ability to work independently, as well as a member of a team.

Application process: Interested institutional applicants are requested to submit an initial letter of interest (maximum 10 pages) detailing:

1. Expression of interest
2. Description of technical capacity to carry out this assignment
3. Institutional affiliation
4. Proposed Team leader (with copy of CV as annex) as well as name of proposed international technical expert if applicable
5. Preliminary budget estimation

13. Type of Supervision that will be Provided: Overall oversight of quality of outputs supervised by Robert Gass, Chief, HIV/AIDS, Thailand Country Office.

A technical review panel will be established to participate in the selection of the contracted institution, review the inception report and provide comments, review and approve data collection tools, and review and comment on findings and recommendations included in the draft report.

14. Consultant's Work Place: Consultant will work from home.

15. Response Requirement:

As part of our evaluation process, the bidder will be requested to submit the following documents together with the proposals:

- Background information on the institution and its qualifications
 - Company registration documents
 - Proposal detailing how the institution will fulfill the TOR, including proposed methodology and approach
 - CV(s) of the proposed individual(s)/team
 - List of previous assignments/projects with relevant or similar nature of services (to be completed in the attached template) including experience working with non-profit organization
 - Price proposal (using the attached template)
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16. Nature of 'Penalty Clause' to be stipulated in Contract: Should the consultant fail to submit the end-products by the deadlines, or should the quality be unsatisfactory, this office will reserve the right to withhold the payment until the outputs meet the pre-established requirements.

Evaluation Criteria

Technical Evaluation of the Proposal	Points
<p>1. OVERALL RESPONSE</p> <ul style="list-style-type: none"> - Demonstrated understanding of requirements, objectives and deliverables. - Demonstrated understanding of scope, including ability to analyse and articulate the issues in this RFP. - Workplan and Timeline - Overall clarity and completeness of the proposal 	20
<p>2. STRATEGY/METHODOLOGY</p> <ul style="list-style-type: none"> - Quality of proposed approach/methodology. - Quality of proposed Implementation Plan, i.e. how to undertake and execute the requested - Quality of proposed approach. 	35
<p>3. PROPOSED TEAM</p> <ul style="list-style-type: none"> - Team leader: appropriate qualifications and relevant experience providing similar supportive leadership in terms of topics and complexity. - Team members: relevant technical knowledge and experience providing assistance of similar scope and complexity. - Proposed mode of coordination, both within the team, and with UNICEF. - Proposed coordination with local university - Ability to travel, AND demonstrated ability to provide remote technical support. 	25
Financial Proposal	
<p>4. FINANCIAL</p> <p>Assessment/review will include:</p> <ul style="list-style-type: none"> - Overall budget proposed - Cost benefit comparison related to number and quality of personnel in the Proposal who will execute the analysis. 	20
TOTAL MARKS	(100)

Note: the **Technical Proposal** has a total weighting of **80 points**. Bidders must score a minimum of 56 points to be considered technically compliant and in order for the Financial Proposal to be opened.